

Presentation to NC Study Commission on Aging— An Overview of the Home and Community Care Block Grant (HCCBG)

September 24, 2008

- ❑ General Assembly established HCCBG in July 1992
- ❑ Combined federal Older Americans Act, Social Services Block Grant in support of respite, and relevant State appropriations
- ❑ Gave counties greater discretion and authority in determining services, service levels, and providers
- ❑ Counties choose from among 18 eligible services

Adult Day Care *	Health Screening	Mental Health Counseling
Adult Day Health Care *	Home Delivered Meals *	Senior Center Operations
Care Management *	Housing and Home Improvement *	Senior Companion *
Congregate Nutrition	Information and Assistance *	Skilled Home (Health) Care *
Group Respite *	In-Home Aide (levels I-IV) *	Transportation *
Health Promotion and Disease Prevention	Institutional Respite Care*	Volunteer Program Development

* core long-term care services

- ❑ Focus is on supporting frail elderly at home, improving physical and mental health, assisting with access to services & information, providing family caregiver relief, and helping seniors remain active.

Making a Difference—Who Was Served during SFY 2007-2008?

- ❑ 71% were women (as compared to 57% of population aged 60+)
- ❑ 35% were minority (as compared to 18%)
- ❑ 58% were age 75+ (as compared to 32%)
- ❑ 48% live alone (as compared to 28%)
- ❑ 66% were unable to manage on their own (as compared to 12%)
- ❑ 66% were at risk of malnutrition
- ❑ 44% reportedly low income (as compared to 13%)

Making a Difference—Are the funds used wisely?

- ❑ Of the 18 services, 12 are clearly 'core' long-term care services
- ❑ 93% of the funds over which counties have discretion go to 'core' LTC services
- ❑ The relationship between need and service is strong—the services profile is logical
- ❑ Providers are efficient and accountable
- ❑ Performance outcome measures are positive

Status of Funding, Utilization, Service Availability, and Need

- ❑ Some federal and state funding increase. Overall HCCBG funding has increased approximately 24% since 2000.
- ❑ Statewide utilization/expenditure rate is very high; the SFY 07-08 expenditure rate was 99.79%
- ❑ Service unit costs have increased (see attached sheet).
- ❑ Modest increase in clients served (0.10%) and decrease in total service units (-9.96%) between July 1, 2000 and June 30, 2008. Comparatively, the populations age 60+ and age 75+ grew by 23% and 15%, respectively during this same period.
- ❑ 4,840 unmet service needs, especially for home-delivered meals and in-home aide services (waiting list data are currently being updated from July 1, 2008. This is a partial and conservative estimate of unmet service needs.

Intrastate Funding Formula

- ❑ Uses best available data (Annual State Data Center estimates and 2000 census based)
- ❑ Provides a \$60,000 base amount to each county to support minimum capacity
- ❑ Uses the following factors and weights: population aged 60 and older (50%); population aged 60+ living in poverty (30%); population aged 60+ who are minority (10%); population aged 60+ who are in rural area (10%)
- ❑ Protects counties from substantial changes in funding with 5% cap on loss based on SFY 04-05 funding levels.

Forces Affecting Future of HCCBG

- ❑ Demographics—growth in # of seniors, State Data Center projects **35.6%** growth in **60+** population and **23.2%** growth in **75+** population by **2018**; —changing family structure
- ❑ Movement toward supporting people in least restrictive setting
- ❑ Federal budget deficit and effect on domestic programs
- ❑ Increasing service costs (e.g., fuel, food)
- ❑ Changes in other funding sources and services.

What It Will Take to Respond—What Happens If We Don't

- ❑ \$9.1 million needed to address current waiting list
- ❑ Efforts to assure effective screening and targeting of resources and cost-sharing
- ❑ Could affect other services and funding sources
- ❑ Could undermine existing provider infrastructure in face of growing need.

Advocates' View

Aging proponents are recommending increases in SFY 09-10 funding for the HCCBG ranging from \$5,000,000 to \$7,000,000.

ATTACHMENTS:

- 1) **Summary of HCCBG Budgeted Funding, SFY 00-01 through SFY 08-09**
- 2) **Comparison of Service Costs and Persons Served for Selected HCCBG Services, SFY 00-01 and SFY 07-08**

Current Profile of HCCBG Services

Below is a list of the services funded under the HCCBG for which clients are reported to the Division of Aging and Adult Services through its Aging Resources Management System (ARMS). The information that describes the "average client" is based on at least 50% of the older adults receiving the HCCBG service. Under the HCCBG, 'economically needy' is self-reported by clients based on whether their income is at or below the federal poverty level (\$10,400 in SFY 08-09). Clients are also assessed using several functional criteria that include: activities of daily living (ADLs), which describe basic self-care tasks (e.g., bathing, dressing, grooming, moving around the house, and eating); and instrumental activities of daily living (IADLs), which describe basic tasks essential to living independently (e.g., cooking meals, housekeeping, laundry, paying bills, shopping, and using the telephone.)

Adult day care (ADC) provides an organized program of services during the day in a community group setting to support the personal independence of older adults and promote their social, physical, and emotional well-being. *The average client is 81 years old, female (70%), economically needy (65%), has limitations with 1+ ADLs (70%) and 3+ IADLs (71%), and is at risk of malnutrition (71%).* 34% are cognitively impaired. Among ADC clients, 59% report that the services they receive relieve their caregiver. 32 counties funded ADC under the HCCBG.

Adult day health (ADH) services add health care to the ADC service. *The average client is 80 years old, female (69%), economically needy (55%), has limitations with 2+ ADLs (65%) and 3+ IADLs (83%), is cognitively impaired (44%), and is at risk of malnutrition (80%).* Among ADH clients, 76% report that the services they receive relieve their caregiver. 36 counties funded ADH under the HCCBG.

Care management incorporates case finding, assessment, care planning, negotiation, care plan implementation, monitoring, and advocacy to assist clients and their families with complex needs in obtaining appropriate services. *The average client is 81 years old, female (72%), has limitations with 3+ ADLs (64%) and 3+ IADLs (93%), and is at risk of malnutrition (93%).* 7 counties funded care management under the HCCBG.

Congregate nutrition is a service where a meal (typically lunch), offering one-third of the recommended daily dietary allowance, is provided in a group setting. *The average client is 75 years old, female (70%), and does not have limitations in ADLs or IADLs.* Nearly half (46%) live alone and 47% are at risk of malnutrition. All counties funded congregate meals under HCCBG.

Group respite is a service that trains volunteers to offer temporary, part-time relief to unpaid, primary caregivers of cognitively or physically impaired older adults and to provide meaningful social and recreational activities for those receiving care. *The average client is 80 years old, female (63%), has limitations with 1+ ADLs (64%) and 3+ IADLs (70%), and is cognitively impaired and at risk of malnutrition (74%), and is economically needy (51%).* 7 counties funded group respite.

Home-delivered meals is a service that provides a meal (typically lunch), with one-third of the recommended daily dietary allowance, to a home-bound older adult. *The average client is 80 years old, female (69%), has limitations with 1+ ADLs (59%) and 3+ IADLs (77%), is economically needy (56%), and is at high risk of malnutrition (65%).* 49% live alone. 96 counties funded home-delivered meals under the HCCBG.

Home health is skilled health care prescribed by a physician that is provided in the home of an older adult in need of skilled nursing; physical, occupational, and/or speech therapy; medical social services; and/or nutrition care. *The average client is 80 years old, female (58%), has limitations with 1+ ADLs (79%) and 1+ IADLs (73%).* One county funded home health under the HCCBG.

Housing and home improvement is a service that assists older adults obtain or maintain adequate housing and basic furnishings, by providing information about available options for housing and housing with services and how to finance them; assisting with finding and relocating to alternative housing; and providing labor and/or materials for minor renovations and/or repair of dwellings to remedy conditions that create a risk to personal health and safety. *The average client is 77 years old, female (74%), economically needy (79%), has limitations with 2+ ADLs (52%) and 2+ IADLs (71%), and is at risk of malnutrition (83%).* 44% live alone. 33 counties funded this service.

In-home aide (level 1) is a service that provides assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying to enable the older adult to remain at home as long as possible. *The average client is 82 years old, female (78%), has limitations with 3+ IADLs (63%), and is at risk of malnutrition (81%).* 11% are cognitively impaired and 57% live alone. 45% are economically needy. 75 counties funded level 1 under the HCCBG.

In-home aide (level 2) is a service that provides support to persons/families who predominately require assistance with basic personal care (bathing, shaving, toileting, and personal hygiene) and associated home management tasks. *The average client is 82 years old, female (75%), has limitations with 2+ ADLS (64%) and 3+ IADLs (78%), and is at risk of malnutrition (86%).* 19% are cognitively impaired, 29% live alone, and 42% are economically needy. 88 counties funded level 2.

In-home aide (level 3) is a service that provides intensive education and support to persons/families in carrying out home management tasks and improving family functioning skills, or provides substantial ADL support to individuals/families who require assistance with health and personal care tasks. *The average client is 81 years old, female (67%), has limitations with 3+ ADLS (58%) and 3+ IADLs (87%), and is at high risk of malnutrition (52%).* 24% are cognitively impaired, 38% are economically needy and 27% live alone. 47 counties funded level 3 under the HCCBG.

In-home aide (level 4) is a service that provides a wide range of educational and supportive services to persons/families who are in crisis or who require long-term assistance with complex home management tasks and help in performing family functioning skills. *The average client is 75 years old, female (61%), has limitations in 1+ ADLs (54%), has limitations in 3+ IADLs (85%), is cognitively impaired (100%) and is at risk of malnutrition (58%).* 11% live alone. One county funded level 4 under the HCCBG.

Institutional respite is a service that temporarily places older adults, who require constant care and/or supervision, out of their homes to provide their unpaid, primary caregiver with relief from caregiving responsibilities. *The average client is 80 years old, female (68%), has limitations in 1+ ADLs (65%), has 3+ IADLs (67%), is cognitively impaired (56%) and is at risk of malnutrition (60%).* 69% are economically needy. One county funded this service under the HCCBG.

The Senior Companion program offers a part-time stipended volunteer opportunity for low-income persons 60+ years of age who provide support, task assistance, and/or companionship to other adults with exceptional needs (developmental disabilities, functional impairments, or persons who have other special needs for companionship). *The average senior companion is 78 years old, female (91%) and economically needy (56%).* 73% live alone. 8 counties funded this program under the HCCBG.

General transportation is a service that provides travel to and/or from community resources, nutrition sites, and other places where older adults need access to services and activities necessary for daily living. *The average client is 77 years old, female (79%), economically needy (55%), has limitations in 1+ IADLs (61%), and is at risk of malnutrition (55%).* 54% live alone. 93 counties funded this program under the HCCBG.

Medical transportation is a service that provides travel to medical appointments. *The average client is 78 years old, female (75%), economically needy (55%), lives alone (54%), has limitations in 1+ ADLs (58%) and 1+ IADLs (78%), and is at risk of malnutrition (58%).* 43 counties funded this service under the HCCBG.

Other HCCBG Services [non-unit]

Health Screening is a service that provides general medical testing, screening, and referral to promote the early detection and prevention of health problems in older adults. One county funded this service under the HCCB. This service is also supported in some counties under Title III-D of the Older Americans Act.

Health Promotion and Disease Prevention is a service category that promotes the health and wellness of eligible older adults. 8 counties are funded this under the HCCBG and many counties receive funds under Title III-D of the Older Americans Act for this purpose.

Information and Assistance is a service that assists older adults, their families, and others acting on their behalf in their efforts to acquire information about

programs and services and to assist older persons obtain other appropriate and needed services. 40 counties funded this service under the HCCBG.

Mental Health Counseling is a service that incorporates care consultation, evaluation, and outpatient treatment to older adults with mental health problems. No counties funded this service under the HCCBG.

Senior Center Operation supports provision of a broad spectrum of services and activities for older adults. The primary objectives of a multipurpose senior center are: the centralized provision of services that address the special needs of older adults; the provision of opportunities for older adults to become more involved in the community; the prevention of loneliness and premature institutionalization by promoting personal independence and wellness. 58 counties funded the operation of senior centers under the HCCBG.

Volunteer Program Development supports the development and operation of a systematic program for volunteer participation. These volunteers, encompassing all ages, provide opportunities for older adults to perform community services for other older adults. 11 counties funded this service under the HCCBG.

HCCBG Services and LTC ‘Core Services’

HCCBG Services	LTC Core Services¹
Adult Day Care	Adult Day Care
Adult Day Health	Adult Day Health
Care Management	Care Management for High-Risk or Complex Conditions
Congregate Nutrition	
Group Respite	Respite Care
Health Screening	
Home-Delivered Meals	Home-Delivered Meals
Home Health	Home Health
Housing & Home Improvement	Housing & Home Repair and Modification
Information & Assistance	LTC Information & Assistance
In-Home Aide {Levels 1, 2, 3 and 4}	In-Home Aide Services
Institutional Respite	Respite Care
Senior Centers	
Senior Companion	Respite/Attendant Care
Transportation, General	Transportation
Transportation, Medical	Transportation
Volunteer Program Development	
	Adult Care Homes Durable Medical Equipment and Supplies Medical Alert or Related Services Nursing Homes Adult Protective Services Guardianship

¹ The Institute of Medicine Long-Term Care Task Force recommended that every North Carolinian should have access, either in the county of residence or within reasonable distance from the county, to the services identified in the right-hand column of the table. In addition, the Task Force said that “older adults and people with disabilities need other medical, mental health, dental, vision, and hearing services to meet specific health and functional needs. Individuals who have functional, medical, or cognitive impairments may also need guardianship services or protective services to ensure that their long-term care needs are being met.” [Recommendation #11 in the Task Force's Final Report]